

## **SECTION TWO      FOSTER CARE/RESOURCE HOMES**

### **I. GENERAL REQUIREMENTS AND CORE STANDARDS**

#### **A. Approval Requirements for Resource Homes**

##### **DCS Policy 16.4 Resource Home Approval**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.4.pdf>

##### **DCS Policy 16.3 Desired Characteristics of Resource Parents**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.3.pdf>

##### **DCS Policy 16.8 Responsibilities of Approved Resource Parents**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.8.pdf>

##### **DCS Policy 16.11 Shared Resource Homes**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.11.pdf>

##### **DCS Policy 16.23 Resource Home Case Files**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.23.pdf>

##### **DCS Policy 16.27 Resource Parent Fourteen-Day Removal Notice and Right to Appeal**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.27.pdf>

##### **DCS Policy 16.29 Board Rates**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.29.pdf>

#### **1. Approval Process**

Licensed private providers under contract with the State of Tennessee shall have a written policy outlining approval process for resource parents. Agencies may develop their own protocols in the provision of foster care services but the protocols must meet or exceed the DCS Foster Care Policy Standards.

The agency shall ensure resource parents and resource homes meet all requirements and standards in accordance with the DCS Provider Policy Manual (PPM) and DCS Policy. No child will be placed in a resource home prior to the resource family meeting all required standards.

#### **2. Resource Home Eligibility Team (RHET) Protocol**

- a. The Department of Children's Services (DCS) is subject to the rules and requirements set forth in 42 U.S.C. §672 and 45 CFR §1356.71. Known as Title IV-E of the Social Security Act (SSA), this statute sets forth standards for Federal payments for foster care and adoption assistance (sections 470-479a of the SSA). Failure to comply with these standards can result in the loss of federal funding for a limited period of time or for the duration of the foster care placement.
- b. The Title IV-E Foster Care Eligibility Review Guide available on the Administration for Children and Families Web site ([www.acf.hhs.gov](http://www.acf.hhs.gov)), provides a consistent and uniform approach for

Federal and State (as well as private provider staff) to use as resource in complying with requirements of the Title IV-E program. The guide contains policy and procedural guidance on adherence to all facets of Title IV-E compliance. It is intended to complement, not supplant, applicable statutory and regulatory provisions. In the event of conflict or inconsistency between the guide and the statute or regulations, the latter governs.

- c. In response to these Federal requirements and to serve as a more effective steward of public funds, DCS has chosen to develop an internal infrastructure that will provide oversight for the eligibility of all provider resource home files.

ALL AGENCIES APPROVING RESOURCE HOMES MUST FOLLOW THIS POTOCOL.  
Complete information on resource home approval through the RHET process is found in

**SECTION NINE of this Manual. Attachment #4 RHET**

**B. Case File Organization**

All resource home case files must be organized using DCS Policy 16.23 section headings. However, it is not necessary to organize the files in the same order. For example, an agency may prefer not to have the Home Study and Reassessments section as the first section of the file, but the agency must ensure that the heading Home Study and Reassessments is used and that all the pertinent documentation listed in that section is included.

**C. Working with DCS and Agency Staff**

1. Prospective resource parent(s) shall have the ability to work with the agency as demonstrated by their ability to:
  - a. work constructively within the policy framework in developing plans and meeting the needs of the child and his/her family;
  - b. accept and use professional consultation including mental health, medical, and educational assistance;
  - c. provide information to the agency regarding the needs of a child in care;
  - d. work in partnership with the agency and the Department of Children's Services to make key decisions related to the placement of children and termination of parental rights;
  - e. maintain confidentiality regarding children and their birth parents;
  - f. provide routine transportation for the foster children placed in their home; and
  - g. participate in all health and mental health services for the child, and any other services being used to benefit a child in care.

**D. Documentation of Approval for Resource Home**

1. The approval letter must indicate the number and type of children for whom the home is approved.
2. The resource home approval must be signed and dated by the worker writing the resource home study, as well as two levels of supervision above the worker.
3. The date the resource home study is signed by the second level of supervision is the approval date. For those agencies without two levels of supervision, the agency director is the final approving authority; and the date s/he signs the home study is the approval date.

**E. Family Composition**

1. The resource home record must indicate the functional capacity for the resource home. Functional capacity is the actual number of children that the resource parent(s) can serve and

is not necessarily the maximum number of children allowed in the home per DCS policy. Please note that the functional capacity cannot exceed the maximum number allowed.

2. Resource families shall not have more than a total of
  - a. three (3) foster children or
  - b. six (6) children, including birth children, foster children, and adoptive children residing full-time in the resource home.
  - c. There must be no more than three (3) children under the age of three years, including birth children, foster children, and adoptive children.
  - d. Exceptions can be made for sibling groups using the Placement Exception Request.
3. **Brian A. Requirement Note:** An agency under contract with DCS is held accountable for critical incidents, disruptions, number of moves, and successful discharges for all children in their program. This accountability necessitates decision-making by the agency that should avoid negative outcomes. Therefore, the number of placements of children in a resource home should be a careful undertaking of the agency.
4. The resource home shall not provide placements for more than one agency at a time without a written agreement delineating the responsibilities of all parties involved and approved by the agency executive directors and the DCS contract authority.

**F. Health Requirements**

**DCS Policy 16.4 Resource Home Approval**

**G. Income and Employment**

**DCS Policy 16.4**

**H. Background and Other Records Checks**

**DCS Policy 16.4**

**I. Physical Facilities Related to Approval Process**

**DCS Policy 16.4**

**J. Expedited Placements**

1. Providers do not use expedited placements.
2. Providers shall NOT place any child in an unapproved resource home regardless of who has ownership of the home (DCS or Private Provider), or whether the home is that of a relative. DCS will not reimburse providers for placements in an unapproved home regardless of who made the request for the placement.

**K. Modification or Waiver of Requirements for Approval of Resource Home**

**DCS Policy 16.4**

**L. Resource Home Reassessment Checklist**

1. A current resource home placement checklist shall be used and provided to the resource parent at the time of placement of a child in a resource home.
2. The resource parent shall be provided a completed copy of the checklist with all information that is available to the department/contract agency no later than at the time the foster care placement contract is signed.
3. The form must be signed and dated by the agency representative providing information to the accepting resource parent. A copy of the form must be provided to the resource parent.

**M. Resource Home Reassessment**

1. Licensed private providers under contract with the State of Tennessee shall have a written policy

addressing annual reassessment of resource homes which contains the information referenced in DCS Policy.

#### **N. Resource Parent's Rights**

1. **See Attachment 5 Foster Parent's Bill of Rights**

2. **Grievance Procedures**

Agencies must develop a process that mirrors the intent of the grievance procedures outlined in the policy referenced below.

**DCS Policy 16.27 Resource Parents' Fourteen-day Removal Notice and Right to Appeal.**

3. Resource parents working for DCS who wish to provide a higher level of care, including Level II, therapeutic care, care for medically fragile children or care for juvenile justice youth should make application to a private provider, unless an arrangement can be made in compliance with

**DCS Policy 16.11, Shared Resource Homes.**

#### **O. Board Rates DCS Policy 16.29 (The information below is not available at the policy site.)**

Effective March 1, 2008, foster care rates were adjusted as a step toward reaching the median income levels of the USDA cost of living in the urban south. The foster care rates affect the age category rates.

##### **Regular Board Rates**

Ages	Foster Care	Adoption Assistance	Subsidized Permanent Guardianship
0-11 years	\$22.62 per day	\$22.57 per day	\$22.57 per day
12 and up	\$26.56	\$26.51	\$26.51

##### **Special Circumstances Board Rates**

0-11 years	\$24.88	\$24.83	\$24.83
12 and up	\$29.22	\$29.17	\$29.17

## II. STANDARD FOSTER CARE SERVICES

### A. Scope of Services

Foster Care services are for children and youth in need of safe, nurturing care and guidance in a private home outside their family. Their needs can be met through services delivered by trained resource parents. These resource parents are to be supervised and supported by agency staff, working together to meet the goal of permanency based on the best interest of the child. The families of children in foster care are offered support services to facilitate reunification whenever appropriate. If reunification is not an option other considerations include kinship care, adoption or guardianship.

### B. Admission/Clinical Criteria

1. Juvenile Justice Children  
Levels of care decisions and intervention needs for JJ youth are based on the Youth Level of Service/Case Management Inventory (YLS/CMI), a standardized validated instrument. Referral for specific level of care will be based on results of the YLS/CMI combined with other relevant factors.
2. Social Services Children (Dependent, Neglect and Unruly (D/N&U)  
Levels of care decisions and interventions needs for D/N&U children are based on the Child & Adolescent Needs & Strengths (CANS ) Assessment, a standardized validated instrument. Referral for specific level of care will be based on results of the CANS combined with other relevant factors.
3. The final determination for placement must be made through the Child and Family Team Meeting (CFTM). Children accepted for the service are determined to be unable to receive the parental care they need in their own home.

These children appear to be capable of forming family attachments and able to participate in family and community activities without posing a serious danger to themselves or others. Children who meet criteria for this level of care cannot be excluded from admission based on their adjudication when their risk is moderate to low or when they have successfully completed a treatment program.

### C. Personnel Ratio

1. Provider Caseworkers' caseload shall not exceed fifteen (15) children.
2. Resource parents have no more than three of their own minor children in the home and no more than three foster children are placed in a resource home at one time, unless a sibling group is to be placed together or other justification for an exception.
3. Private duty nursing: The use of a TennCare nurse does not replace the need for a resource parent or other adult caregiver to be present in the home with the child. The Bureau of TennCare rules state "To the extent that private duty nursing services are provided to a person under 18 years of age, a responsible adult (other than the private duty nurse) **must be present** at all times in the home during provision of the private duty nursing services in order to assure the child's non-health care needs are addressed. General childcare services and other non-hands-on assistance such as cleaning and meal preparation will not be provided by a private duty nurse." (Paragraph 80-Private Duty Nursing Services of rule 1200-13-13-.01 of TennCare rules)

### D. Resource Parent Training DCS Policy 16.4 and 16.8

#### SECTION NINE Attachment 7 Resource Parent Training Guide

1. All new resource parents are required to complete (30) hours of Parents as Tender Healers (PATH) training prior to the placement of children in their home. Parents providing medically fragile service or therapeutic services or services to Juvenile Justice Youth have additional required hours. See the specific service for details.
2. Core courses must be completed within the first year once a child is placed if they have not already been completed in pre-service. The topics are

- Discipline
  - Medication Administration Training (curriculum on DCS Web site)
  - Sexual abuse
  - Cultural competency
  - Working with Birth Parents
  - Education
  - First Aid
  - Fostering Positive Behavior (Available on DVD)
3. Each resource parent must complete 15 hours of in-service training each year to remain in good standing.
  4. PATH Training waiver for Other Adults in the home in non-parenting role TN Kids requires a waiver date to be entered into TNKids for those household members not completing PATH training. Once a provider completes the appropriate background checks on the household members that will not assume a parental role, the provider will document and sign a statement that confirms the non-parenting role and file the statement in the resource home case file. Providers are responsible for entering the date of this form into TNKids.

#### **E. Individualized Treatment Plan**

1. Within thirty (30) days of placement, a written treatment plan will be developed with inclusion of all stakeholders in accordance with Child and Family Team Meeting policy. This plan must support the permanency goal(s) of the DCS Permanency Plan and should provide details specific to the agency's role in supporting the child and family in achieving permanency. The treatment plan must include child and family visitation as detailed in the child's Permanency Plan. (See Section One, Core Standards.)
2. Contract agency case managers must be actively involved in the identification of treatment plan goals and objectives as well as the formulation and implementation of the treatment plan.

#### **F. Service Overview**

1. The agency shall meet the standards set forth in Section One, Core Standards
2. The agency obtains, coordinates, and supervises, with the ongoing participation of the resource parents, any needed medical, behavioral, educational, recreational, remedial, or other specialized services and resources as described in the treatment plan.
3. The agency provides case management, consultation and coordination of services to meet the identified needs of the child, family, and resource family.
4. The agency shall engage in strengths-based planning which shall be a focus of the treatment plan. Review of the CANS strength-based items is recommended to assist in planning.
5. The agency shall identify community resources to help youth integrate into the community (i.e., community center clubs, churches, sports).
6. The agency shall assist youth in identification and development and maintenance of talents, interests, or hobbies.

#### **G. Service to the Child/Youth**

1. Child placement will be prioritized as follows (unless it is clearly documented in the client's record why this is not in the child's best interest):

- a. with siblings, (where there is a family group);
  - b. with kin; or
  - c. with a resource family who resides within reasonable proximity to the child's family and home community in order for family and community ties to be maintained; and
  - d. in the most appropriate setting or environment consistent with the child's needs.
2. Each child served is
- a. provided safe, stable care in a nurturing environment to facilitate permanency as well as to promote their development and growth;
  - b. provided guidance, structure, protection, while offering participation/inclusion in as many positive experiences as possible;
  - c. prepared for placement with a specific resource family to include help with adjustment;
  - d. encouraged to maintain contact with their family or "circle of support" and provided with support in making such arrangements, unless specifically contraindicated because of the child's safety;
  - e. provided with information about family activities and progress toward the goal of permanency;
  - f. provided with assistance in maintaining the relationship with siblings through visits and shared activities;
  - g. prepared for return home or for placement in a stable, nurturing, permanent environment; and
  - h. provided Independent Living services in accordance to **DCS Policy 16.52**
  - i. provided with developmentally appropriate activities and supportive services designed to enable them to prepare to lead self-sufficient adult lives, in accordance with their treatment plan.
3. Resource parents are expected to participate fully in therapeutic and medical services provided for the child/youth as determined by the provider agency. These activities extend to educational services (e.g., PTA meetings, parent-teacher conferences, etc.) as well as the provision of opportunities for the child to participate in appropriate extra-curricular activities (sports, dance, band, Scouts, etc.) in order to enhance his/her strengths and address needs.
4. The agency shall coordinate and monitor the evaluation of psychopharmacological medication administration. If this treatment is indicated for a child/youth receiving these Foster Care services, appointments should occur on a quarterly basis, at a minimum.

#### **H. Service to the Permanency Family**

- 1. While it is not reasonable to expect the direct application of all services by contracting agencies, it is expected that agencies assist in the identification and coordination of supportive services to the child's permanency family; enabling them to plan for the child's reunification or concurrent permanency goal. Such supports may include but are not limited to:
  - a. child care
  - b. homemaker and home health aide services
  - c. parent education
  - d. respite care
  - e. transportation services
  - f. vocational and educational assistance

- g. health and mental health care
  - h. substance use or abuse treatment services
  - i. domestic violence services
  - j. housing referral and assistance
2. Unless the child's safety would be compromised, services are provided to help the child's permanency family maintain and enhance parental functioning, parental care, and parental ties. Documentation must be present in the child's record of reasonable efforts toward reunification.
  3. The agency worker must document in the client record meeting with the child's parent(s) without the child at least one time per month. During the meetings the worker should:
    - a. evaluate safety and well-being
    - b. monitor service delivery
    - c. support the achievement of permanency and other treatment plan goals
  4. Case records contain information regarding the agency's efforts to promote reunification opportunities. Documentation will record, in detail, the agency's attempts to assist the family in
    - a. making a plan for their child,
    - b. visiting and maintaining contact with their child,
    - c. overcoming barriers to their involvement in the child's care, contact or visitation, and
    - d. utilizing the resources the agency offers to prepare the family for reunification.

#### **I. Service to the Resource Family**

1. Resource parents assume an integral role in providing care and services for children placed in their homes.
2. Supports to Resource families include but are not limited to
  - board rates to meet or exceed the basic board rates outlined in **DCS Policy 16.29**,
  - transportation assistance,
  - training (individual and group)/ongoing in-service as well as any required/requested specialized training to meet the needs of each child placed in the home,
  - case management consultation and coordination,
  - respite services to meet or exceed **DCS Policy 16.13**, and
  - counseling/crisis intervention.
3. Agency will support Resource family in coordinating services to children, including, but not limited to the following.
  - school liaison services
  - child/family visitation coordination
  - social services referrals, consultation, and coordination
  - medical/dental/mental health appointments for the child
4. The agency will meet all its obligations under the Resource Parent Bill of Rights including making a copy available to them and providing training on the document.

5. **The agency will have an appeal's process for its families that corresponds with that of the Department of Children's Services.**
6. The agency will assist Resource parents in all forms of child advocacy including advocacy related to school and medical and behavioral health.
7. The agency Case Worker has a face-to-face interview with the Resource parents within the first week of placement and at least once every four weeks thereafter. The interviews are recorded through the provider Face-to-Face Web Application.
8. The agency has a policy addressing payment to Resource parents.

**J. Education of the Child/Youth**

1. Typically, children in foster care attend public school.
2. The agency has an educational liaison and ensures all children receive educational services in the most appropriate setting or environment and have services to promote academic success.
3. Based on the CANS assessment tool, if any Educational domain, attendance, achievement or behavior score is 2 or 3, these factors should be addressed within the treatment plan.

**K. Monitoring Progress/Utilization Review**

1. The agency must record all face-to-face visits through TNKids Financials.
2. The agency must participate in any other reviews deemed necessary by DCS or the courts.
3. The agency must participate fully with DCS PAR monitoring and RHET.
4. The agency will respond and provide immediately all required documentation as requested by TennCare Consumer Advocate (TCCA) or Tennessee Alliance for Legal Services (TALS)
5. The agency will conduct a review of the treatment plan for each child at least quarterly. Participants of the initial Child and Family Team meeting must be invited to all quarterly treatment plan reviews.
6. The agency shall provide documentation of the training provided to staff and resource parents.

**L. Discharge Criteria**

1. The Child and Family Team will review the permanency plan at scheduled intervals or when needed. The CFT will determine when goals for permanency have been met and will recommend discharge with input from all members of the child/youth's team.
2. Discharge must include a plan that includes but is not limited to, consideration of the child's
  - Educational needs,
  - Additional support for stability for the child and family,
  - A plan for accessing community support,
  - An inventory of the child's personal items to insure availability at time of discharge,
  - Medical and behavioral needs.

### **III. MEDICALLY FRAGILE FOSTER CARE SERVICES**

#### **A. Scope of Services**

1. The Medically Fragile Foster Care program provides recruitment, training, and support services to resource parents to meet the needs of children/youth who are appropriate for family-based care but require a higher level of medical support, intervention, and case coordination.
2. Resource parents are specially trained to care for children/youth with extreme medical needs that cannot be met in their family homes. Some of these resource parents are also trained to manage behavioral and emotional disorders in addition to the training required to meet the medical needs of this population.
3. Due to the needs of these children/youth, agencies approved to provide medically fragile foster care services must be willing and able to accept emergency and after-hours referrals.
4. The goals/discharge criteria for children/youth in Medically Fragile Foster Care are permanency through reunification, kinship care, adoption, or guardianship.

#### **B. Admission/Clinical Criteria**

1. A child/youth requiring medically fragile foster care has significant medically oriented care needs related to a serious illness or condition (documented by a licensed health care provider) that may become unstable and change abruptly, resulting in a life-threatening situation.
2. The child's/youth's care needs may be related to a chronic and/or progressive illness or a more acute, time-limited condition.
3. The child/youth may have a severe disability that requires the routine use of medical devices or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.
4. The conditions/care needs of child/youth requiring medically fragile foster care are evaluated on a case-by-case basis by the DCS Regional Nurse.
5. Children/youth who are determined to need medically fragile foster care and who also have behavioral and/or emotional conditions may be considered for a higher level of care within the agency's resource home network if the decision is supported by the CTFM.

#### **C. Personnel Ratio**

1. The agency will meet all criteria outlined in Core Standards for Foster Care.
2. Ratio of case work staff to cases does not exceed 1:10.
3. Resource homes with only one adult in the home may not care for more than one child/youth requiring medically fragile foster care and may not have more than two additional children/youth in the home.
4. Resource homes with two adults in the home shall not care for more than two children/youth requiring medically fragile foster care and may not have more than two additional children/youth in addition in the home.
5. Resource homes must be within 45 minutes of a local medical facility and emergency room.
6. Any exceptions to these requirements will be addressed through the Placement Exception Request process.

#### **D. Resource Parent Training DCS Policy 16.4 and 16.8**

### **SECTION NINE Attachment 7 Resource Parent Training Guide**

#### **2 – Foster Care**

1. **Pre-service:** In addition to what is required for Standard Foster Care pre-service, all newly approved resource parents for medically fragile services are required to complete an additional fifteen (15) hours of medically-oriented specialized training prior to caring for children/youth and necessary to competently care for the greater needs of the foster children/youth at this level. Possible training topics for the additional 15 hours may include:
  - a. Growth and development
  - b. Nutrition
  - c. Medical disabilities
  - d. Orientation to Assistive Technology
  - e. Seizure Management
  - f. Caring for Drug-Exposed Children
  - g. In addition to the above requirements, resource parents shall receive specialized training on the special medical needs of each child/youth to be placed in their home. A change in resource parent requires coordination with child/youth's health care provider and DCS Regional Nurse regarding specialized training on medical needs of the child/youth.

**2. In-service:**

Resource parents will meet all criteria for in-service training as outlined in Standard Foster Care.

**E. Individualized Treatment Plans**

The agency will meet all criteria outlined in Standard Foster Care.

**F. Service Overview**

1. The agency shall meet the standards set forth in Standard Foster Care in addition to meeting the needs of the special population of children/ youth needing medically fragile foster care services.
2. Foster family care is provided for and on behalf of the child/youth under a plan that includes services for the child's/youth's parents and supervision of and support services for the resource parents.

**G. Service to the Child/Youth**

The agency will meet all criteria outlined in Standard Foster Care.

1. Children are provided with developmentally appropriate activities and supportive services designed to enable them to prepare to lead self-sufficient adult lives in accordance with their treatment plan.
2. For instances in which a hospital requires a sitter twenty-four (24) hours per day, seven (7) days per week; twelve (12) hours of sitter services shall be provided by the resource parent/private provider agency. The additional twelve (12) hours shall be provided through the delegated authority and funded by DCS.

**H. Service to the Permanency Family**

The agency will meet all criteria outlined in Standard Foster Care.

**I. Service to the Resource Family**

The agency will meet all criteria outlined in Standard Foster Care.

**J. Education of the Child/Youth**

1. These children will typically attend public school. Requirements are provided through local LEA as determined by the school system.
2. The agency will meet all criteria outlined in Core Standards.

#### **K. Monitoring Progress/Utilization Review**

1. The agency provides a monthly summary of the child/youth's progress and current status. The monthly summary should be sent to the child's/youth's Regional SAT Coordinator and TennCare advocate.
2. The DCS Regional Nurse will review each child/youth placed in the medically fragile foster care program on a quarterly basis. This review may include face-to-face visits and/or other means of communication with the child/youth and resource parent(s). This visit will be in conjunction with the Agency case manager and DCS FSW when possible.
3. The DCS Regional Nurse will make a recommendation for a child's/youth's continued placement in the medically fragile program based on monthly summaries from the agency, medical reports and progress updates from the child's/youth's medical provider(s), and observations during the quarterly visits/communication with the child/youth and resource parent(s).
4. The DCS Regional Nurse will send written notification of the medically fragile foster care recommendation to the following:
  - Agency Case Manager, Agency Director or Supervisor
  - DCS FSW
  - DCS Team Leader
  - DCS Team Coordinator
  - DCS Placement Services Division
  - DCS Regional Administrator

**Note:** *The above is only a list of those persons who will receive the written recommendation from the DCS Regional Nurse. It is not meant to be a list of persons invited to the CFTM. IF a CFTM is indicated, the DCS FSW will send notifications to any and all interested parties.*

#### **L. Discharge Criteria**

1. If the DCS Regional Nurse determines the child/youth no longer needs medically fragile foster care, the recommendation will include a request for a CFTM. The DCS FSW should convene a CFTM as soon as possible but no later than seven (7) days from the date of the recommendation notice from the DCS Regional Nurse.
2. The written recommendation from the DCS Regional Nurse that the child/youth no longer needs medically fragile foster care is simply a trigger for a CFTM. It does not change the placement or the rate.
3. If a child/youth is no longer recommended for the medically fragile foster care program, a decision will be made at the CFTM whether the child/youth will continue placement with the current resource parent(s) and transition to a lower level of care or if the child/youth will be moved to a new placement. If the child/youth is to remain with the current resource parent(s), the rate change will take place no later than 14 days after the date of the CFTM.
4. If the child/youth is moved to a new placement, the rate change will take effect on the date of the placement change.

## **IV. THERAPEUTIC FOSTER CARE SERVICES**

### **A. Scope of Services**

1. The program is specifically designed to accommodate the needs of emotionally disturbed and behaviorally disordered children who are at risk for failure or have failed in regular resource homes, have been unable to live with their own families, or who are going through a transitional period from group care as part of the process of return to family and community.
2. Therapeutic foster care services include recruitment, training, and support services to resource parents trained to meet the needs of children who are appropriate for family-based care but require behavioral intervention, case coordination and /or counseling services. Therapeutic foster care parents may require more frequent respite support services and training in behavioral intervention.
3. Agencies providing therapeutic foster care services will follow all policies, criteria, and guidelines contained in the Standard Foster Care section as well as the additional guidelines as follows and indicated in the Therapeutic Foster Care Section.
4. The goal/discharge criteria for children in therapeutic foster care is permanency through reunification, kinship care, adoption or guardianship.

### **B. Admission/ Clinical Criteria**

1. Children who are appropriate for therapeutic foster care can include but are not limited to
  - a. those who have successfully completed higher levels of treatment, including sex offender treatment programs,
  - b. those who do not pose an ongoing risk to themselves or the community, or
  - c. those who have been diagnosed with a psychotic disorder that is adequately managed through medication.
2. Children's needs are identified through a Child and Family Team Meeting as to the appropriateness for therapeutic foster care, with age-appropriate youth included in the decision-making process.
3. The agency may not reject children who have been determined to meet the scope of services.

### **C. Personnel Ratio**

1. The ratio of case worker to child does not exceed 1:10.
2. Resource families shall have no more than two (2) therapeutic foster children in the resource home. Exceptions can be made for sibling groups.

### **D. Resource Parent Training See DCS Policy 16.4**

#### **SECTION NINE Attachment 7 Resource Parent Training Guide**

1. Pre-service: In addition to what is required for standard foster care, newly approved therapeutic foster care resource parents will complete 15 hours of specialized pre-service training using a therapeutic curriculum prior to children being placed in the home.
2. In-service: The agency will meet all criteria as outlined in Standard Foster Care.

### **E. Individualized Treatment Plans**

The agency will meet all criteria as outlined in Standard Foster Care.

### **F. Service Overview**

The agency will meet all criteria as outlined in Standard Foster Care.

**G. Service to the Child/Youth**

The agency will meet all criteria as outlined in Standard Foster Care.

Each child served:

1. will receive a mental health assessment to determine need for on-going treatment,
2. is prepared for placement with a specific resource family to include help with adjustment,
3. is encouraged to maintain contact with their family or “circle of support” and provided with support in making such arrangements, unless specifically contraindicated because of the child’s safety,
4. is provided with information about family activities and progress toward the goal of permanency,
5. is provided with assistance in maintaining the relationship with siblings through visits and shared activities,
6. is prepared for return home or for placement in a stable , nurturing, permanent environment, and
7. is provided independent living services in accordance with DCS policy on interdependent living (see VI, this Section).

**H. Service to the Permanency Family**

1. The agency will meet all criteria as outlined in Standard Foster Care.
2. The agency will support and mentor relationships between the child’s family and resource family regarding therapeutic issues in accordance with the permanency plan. Contacts must be documented.

**I. Service to the Resource Family**

The agency will meet all criteria as outlined in Standard Foster Care.

**J. Education of the Child/Youth**

1. Typically, children in therapeutic foster care will attend public school.
2. Students may require additional in-school supports to maintain positive school behavior.
3. The agency will meet all criteria as outlined in Standard Foster Care.

**K. Monitoring Progress/Utilization Review**

The agency will meet all criteria as outlined in Standard Foster Care.

**L. Discharge Criteria**

The agency will meet all criteria as outlined in Standard Foster Care through the use of the Child and Family Team Meeting process.

## **V. FOSTER CARE SERVICES FOR JUVENILE JUSTICE YOUTH**

### **A. Scope of Services**

The agency will meet all criteria as outlined in Standard Foster Care.

### **B. Admission/Clinical Criteria**

The agency will meet all criteria as outlined in Standard Foster Care.

### **C. Personnel Ratio**

The agency will meet all criteria as outlined in Standard Foster Care.

### **D. Resource Parent Training**

The agency will meet all criteria as outlined in Standard Foster Care with the addition of **9 hours of Juvenile Justice Training** before a resource home can care for a Juvenile Justice child/youth.

### **E. Individualized Treatment Plan**

The agency will meet all criteria as outlined in Standard Foster Care.

### **F. Service Overview**

The agency will meet all criteria as outlined in Standard Foster Care.

### **G. Service to the Child/Youth**

The agency will meet all criteria as outlined in Standard Foster Care.

The agency will work cooperatively with the DCS FSW for passes.

### **DCS Policy 12.5 Passes for Youth Adjudicated Delinquent**

<http://www.tn.gov/youth/dcsguide/policies/chap12/12.5.pdf>

### **H. Service to the Permanency Family**

The agency will meet all criteria as outlined in Standard Foster Care.

### **I. Service to the Resource Family**

The agency will meet all criteria as outlined in Standard Foster Care.

### **J. Education of the Youth**

The agency will meet all criteria as outlined in Standard Foster Care.

### **K. Monitoring Progress/Utilization Review**

The agency will meet all criteria as outlined in Standard Foster Care.

### **L. Discharge**

The agency will meet all criteria as outlined in Standard Foster Care and will follow DCS Policy.

### **DCS Policy 12.1 Return to Home Placement: Youth Adjudicated Delinquent**

<http://www.tn.gov/youth/dcsguide/policies/chap12/12.1.pdf>

## **VI. INTERDEPENDENT LIVING SERVICES**

### **DCS Policy 16.51, Interdependent Living Plan**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.51.pdf>

### **DCS Policy 16.52, Eligibility for Interdependent Living and Voluntary Post-Custody Services**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.52.pdf>

### **DCS Policy 16.53, Identifying and Accessing Interdependent Living Services**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.53.pdf>

### **DCS Policy 16.54, Provision of Voluntary Post-Custody Custody Services to Young Adults**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.54.pdf>

### **DCS Policy 16.55 Post-Secondary Scholarships: Educational and Training Vouchers and State-funded Scholarship**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.54.pdf>

### **DCS 16.56 Living Allowance**

<http://www.tn.gov/youth/dcsguide/policies/chap16/16.56.pdf>

#### **A. Scope of Services**

1. The program is specifically designed to help youth and young adults develop supportive relationships with adults (facilitate permanency), acquire an array of life skills, encourage the recognition and utilization of community resources, and increase self-esteem and self-empowerment. Provision of these services should must promote a Chafee Foster Care Independent Living goal, to include educational progress, employment, maintenance of physical and mental health care, housing opportunities, the formation of supportive adult relationships, knowledge of, and access to, community resources, the acquisition of skills to increase financial viability , and daily life skills.
2. In order to access services through DCS, please contact the Independent Living Specialist in your region to begin the assessment process. It is critical that providers/family services workers do not enroll students in postsecondary placement without the knowledge and or approval of the independent living personnel in their region. Specific documentation is required in order to be compliant with federal/state policies, receive reimbursement, and achieve quality care for young adults.

#### **B. Admission/Clinical Criteria**

1. DCS shall provide Interdependent Living Services to youth in state custody 14 to 18 years of age. Youth adjudicated delinquent and in state custody may receive specified Interdependent Living services up to their 19<sup>th</sup> birthday, commensurate with their placement status.
2. DCS shall provide Voluntary Post-Custody Services to eligible young adults exiting custody at age 18, or up to their 19<sup>th</sup> birthday, and requesting to receive such services from DCS. Voluntary Post-Custody Services may be provided up to the 21<sup>st</sup> birthday, and may be extended up to the 23<sup>rd</sup> birthday based on the young adult's status and continued eligibility.
3. Youth 15 years of age or older who exit custody to adoption or subsidized permanent guardianship may be eligible for Educational and Training Vouchers (ETV).
4. Youth 16 years of age or older who exit custody to reunification may be eligible for Educational and Training Vouchers (ETV).

5. Young adults, in conjunction with their Child and Family Teams, shall determine the scope and appropriateness of service needs within the overall margins of eligibility.

**C. Personnel Ratio**

The agency will meet Foster Care Standards as applicable.

**D. Resource Parent Training**

The agency will meet Foster Care Standards as applicable.

**E. Individualized Treatment Plans**

1. Every youth in out-of-home care fourteen (14) years of age or older shall have an Interdependent Living Plan (ILP) included as part of the Permanency Plan to help prepare youth for a successful transition to adulthood.
2. As a component of the Permanency Plan, the ILP shall be developed con-currently with the Permanency Plan within the context of a Child and Family Team Meeting. Youth age fourteen (14) or older must complete the necessary life skill assessments in advance of the plan development. Any youth in out-of-home care who is age seventeen (17) years and six (6) months or older shall have goals included in the Interdependent Living Plan that address transition to adulthood from state custody. Young adults receiving DCS Voluntary Post-Custody Services shall have an Interdependent Living Plan developed and updated annually.

**F. Service Overview**

The agency shall meet the standards set forth in DCS Practice Model 8-100,8-102,8-105, 8-106, 8-104, 8-107.

**G. Service to the Child/Youth**

All youth meeting eligibility requirements for Interdependent Living Services must receive Life Skill Instruction as a component of Interdependent Living Services. The scope of instruction should be consistent with the life skill assessment results and recommendations, and provided in accordance with the youth or young adult's development capabilities. All eligible youth and young adults shall receive instruction in the following areas as a minimum requirement:

- Instruction in the acquisition of safe and affordable housing, and household management;
- Budgeting;
- Building Credit;
- Consumer Competence;
- Nutrition and food preparation;
- Stress management and coping;
- Time Management;
- Interpersonal relationships and communication;
- Problem solving and decision making;
- Hygiene, self-care and personal safety;
- Exercising legal rights and responsibilities, such as voting, legal representation, self-advocacy, youth's rights, and youth boards.
- Education on housing issues, to include locating safe and affordable housing options, tenants rights and responsibilities, housing assistance;

- Instruction on education issues, to include assistance with developing an appropriate education plan, completing secondary education and accessing resources for post-secondary educational institutions or vocational programs; and
- Instruction on obtaining and maintaining employment to include the development of good work habits and skills, self-confidence and presentation skills, resume writing, completion of job application, job seeking skills, and the use of local employment assistance and placement programs.
- Interdependent Living Wraparound funding as a resource to support the provisions of Interdependent Living for eligible youth and young adults. These resources are administered as a flexible funding resource to support goals as established in the Interdependent Living Plan.

#### **H. Service to the Permanency Family**

The agency will work with permanency family as needed.

#### **I. Service to the Resource Family**

The agency will meet all criteria outlined in Standard Foster Care where applicable.

#### **J. Education of the Child/Youth**

1. Youth will receive instruction on education issues that will include assistance in developing an appropriate education plan, completing secondary application and accessing resources for post secondary educational institutions or vocational programs.
2. DCS will provide assistance through Chaffee Educational and Training Vouchers (ETV) toward the cost of attendance, as defined by the Higher Education Act of 1965 and provide assistance through the State Funded Scholarship to eligible youth and young adults.

#### **K. Monitoring Progress/Utilization Review**

The Office of Interdependent Living will monitor and promote the ongoing connections for youth and young adults in state care by facilitating a network of relevant supports with caring adults and tangible resources, training and involving professionals, caretakers and advocates regarding these supports and services, and empowering youth and young adults to utilize such means to become confident and productive individuals.

#### **L. Discharge Criteria**

1. The Child and Family Team will review goals and progress at recommended intervals.
2. The Team, with the involvement of the youth, will make recommendations for discontinuing services.
3. The agency will meet all criteria outlined in Core Standards.
4. The Office of Interdependent Living will monitor and promote the ongoing connections for youth and young adults in state care by facilitating a network of relevant supports with caring adults and tangible resources, training and involving professionals, caretakers and advocates regarding these supports and services, and empowering youth and young adults to utilize such means to become confident and productive individuals.